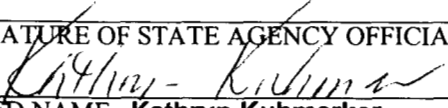
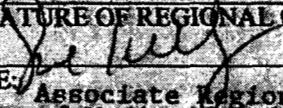
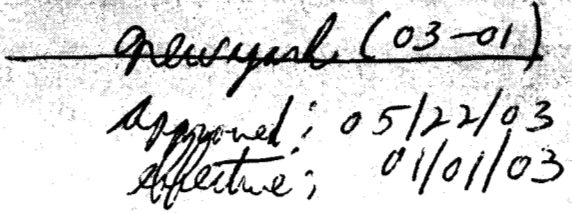


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 03-01	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2003	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2002-2003 \$12.3 million b. FFY 2003-2004 \$16.4 million	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 2.6-A, Pages 1-4, 6, 8, 9 Supplement 2 to Attachment 2.6-A, Page 7 Supplement 6 to Attachment 2.6-A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 2.6-A, Page 1-4, 6, 8, 9 Supplement 2 to Attachment 2.6-A, Page 7 Supplement 6 to Attachment 2.6-A	
10. SUBJECT OF AMENDMENT: Medically Needy Income and Resource Standards			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input checked="" type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: New York State Department of Health, Corning Tower, Empire State Plaza, Albany, New York 12237	
13. TYPED NAME: Kathryn Kuhmerker			
14. TITLE: Deputy Commissioner Department of Health			
15. DATE SUBMITTED: March 28, 2003			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: May 22, 2003	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2003		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Sue Kelly		22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations	
23. REMARKS: <div style="text-align: center;">  <p><i>newyork (03-01)</i> <i>approved: 05/22/03</i> <i>effective: 01/01/03</i></p> </div>			

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Supplement 1 to Attachment 2.6-A

Page 1

OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New York

INCOME ELIGIBILITY LEVELS

A. Mandatory Categorically Needy

1. AFDC-Related Groups other than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Needy Standards</u>	<u>Payment Standards</u>	<u>Maximum Payment Amount</u>
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2. Pregnant Women and Infants under Section 1902(a) (10) (i)(A) (IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level--

____ 133 Percent 185 Percent (No more than 185 percent)
(Specifically)

<u>Family Sizes</u>	<u>Income Level</u>
<u>1</u>	<u>\$16,613</u>
<u>2</u>	<u>\$22,422</u>
<u>3</u>	<u>\$28,231</u>
<u>4</u>	<u>\$34,040</u>
<u>5</u>	<u>\$39,849</u>

Note: A State Plan amendment was approved under Section 1902 (r) (2) to allow for a disregard of income between 185% and 200% of the poverty level for pregnant women and infants.

03-01

TN NO. _____

Supersedes

TN NO. **02-07**

Approval Date MAY 22 2003

Effective Date JAN 01 2003

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Page 2

OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New York

INCOME ELIGIBILITY LEVELS

A. Mandatory Categorically Needy (Continued)

3. Children under Section 1902 (a) (10) (i) (VI) of the act who have attained age 1 but have not attained age 6:

Effective April 1, 1990 based on 133 percent of the official Federal income poverty level.*

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ <u>11,944</u>
<u>2</u>	\$ <u>16,120</u>
<u>3</u>	\$ <u>20,296</u>
<u>4</u>	\$ <u>24,472</u>
<u>5</u>	\$ <u>28,649</u>
<u>6</u>	\$ <u>32,825</u>
<u>7</u>	\$ <u>37,001</u>
<u>8</u>	\$ <u>41,177</u>

For each additional person, add \$4,177.

*New York State implemented these provisions effective October 1, 1990.

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Page 3

OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New York

INCOME ELIGIBILITY LEVELS (Continued)

**B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOME
RELATED TO FEDERAL POVERTY LEVEL**

1. Pregnant Women and Infants

The levels for determining income eligibility for groups of pregnant women and infants under the provisions of sections 1902 (a) (10) (A) (ii) (IX) and 1902 (1) (2) of the Act are as follows:

Based on 185 Percent of the Official Federal Income Poverty Level
(no less than 133 percent and no more than 185 percent).

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ <u>16,613</u>
<u>2</u>	\$ <u>22,422</u>
<u>3</u>	\$ <u>28,231</u>
<u>4</u>	\$ <u>34,040</u>
<u>5</u>	\$ <u>39,849</u>

Note: A State Plan amendment was approved under Section 1902 (r) (2) to allow for a disregard of income between 185% and 200% of the poverty level for pregnant women and infants.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New York

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOME RELATED TO FEDERAL POVERTY LEVEL

a. Children from ages 6 to 19

Based on 100 percent of the official Federal income poverty level:

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ <u>8,980</u>
<u>2</u>	\$ <u>12,120</u>
<u>3</u>	\$ <u>15,260</u>
<u>4</u>	\$ <u>18,400</u>
<u>5</u>	\$ <u>21,540</u>

For each additional person, add \$3,140

*This group of children is now incorporated under Section 1902(1)(1)(D) of the Act as provided for under OBRA '90. The new provision covers children less than 19 years of age and whose family income does not exceed 100% of the federal income poverty line.

**A State Plan amendment was approved under Section 1902 (r) (2) to allow for a disregard of income between 100% and 133% of the poverty level for children ages 6 to 19.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: New York

INCOME ELIGIBILITY LEVELS (Continued)

C. **Qualified Medicare Beneficiaries with Income Related to Federal Poverty Level**

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905 (p) (2) (A) of the Act are as follows:

1. Non-Section 1902 (f) States

a. Based on the following percent of the Official Federal Income Poverty Level:

Eff. Jan. 1, 1989: _____ 85 percent 100 percent (no more than 100)

Eff. Jan. 1, 1990: _____ 90 percent _____ percent (no more than 100)

Eff. Jan. 1, 1991: 100 percent

Eff. Jan. 1, 1992: 100 percent

b. Levels:

Family Size

Income Level

1

\$ 8,980

2

\$ 12,120

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: New York

Income Levels (Continued)

D. Medically Needy

X Applicable to all groups.

___ Applicable to all groups except those specified below. Excepted group income levels are also listed on the attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for ___ months.	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007	Net income for persons living in rural areas for ___ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007*
___ Urban Only				
___ Urban & Rural				
1	\$ 7,700	\$	\$	\$
2	\$ 11,200	\$	\$	\$
3	\$ 11,300	\$	\$	\$
4	\$ 11,400	\$	\$	\$

For each additional

Person add \$ 1,700 \$ \$ \$

* The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose incomes exceeds these limits.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New York

Income Levels (Continued)

D. Medically Needy

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for ____ months.	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007	Net income for persons living in rural areas for ____ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007*
____ Urban Only				
____ Urban & Rural				
5	\$ 11,900	\$	\$	\$
6	\$ 13,600	\$	\$	\$
7	\$ 15,300	\$	\$	\$
8	\$ 17,000	\$	\$	\$
9	\$ 18,700	\$	\$	\$
10	\$ 20,400	\$	\$	\$

For each additional Person add \$ 1,700 \$ \$

*The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose incomes exceeds these limits.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: New York

Resource Levels (Continued)

B. Medically Needy
Applicable to all groups-

____ Except those specified below under the provision of section 1902 (f) of the Act.

<u>Family Sizes</u>	<u>Resource Level</u>
<u>1</u>	\$ <u>3,850</u>
<u>2</u>	\$ <u>5,600</u>
<u>3</u>	\$ <u>5,650</u>
<u>4</u>	\$ <u>5,700</u>
<u>5</u>	\$ <u>5,950</u>
<u>6</u>	\$ <u>6,800</u>
<u>7</u>	\$ <u>7,650</u>
<u>8</u>	\$ <u>8,500</u>
<u>9</u>	\$ <u>9,350</u>
<u>10</u>	\$ <u>10,200</u>

For each additional person \$ 850

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Attachment 2.6 AState: New York

Standards for Optional State Supplementary Payments

Payment Category Reasonable Classification	Administered by Federal State	Income Level				Income Disregard Employed
		<u>Gross</u>		<u>Net</u>		
		1 Person	Couple	1 Person	Couple	
(1) Living Alone	(2) X	(3) 300% of SSI FBR	 300% of SSI FBR	(4) 639	 933	(5) as per CFR 416. Part K
Living w/ others	X	300%	300%	575	875	300%
Level I Family Care NYC, Nassau, Rockland, Suffolk, Westchester Counties Rest of State	X X	300%	300%	818.48 780.48	1,636.96 1,560.96	
Level II Residential Care NYC, Nassau, Rockland, Suffolk, Westchester Counties Rest of State	X X	300%	300%	987 957	1,974 1,914	
Level III Schools For the Mentally Retarded- NYC Rest of State	X X	300%	300%	1,034.96 1,010.96	2,069.92 2,021.92	

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